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PTO/SB/21 (6-99)

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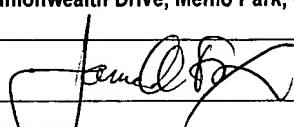
		Application Number	09/992,643
		Filing Date	November 14, 2001
		First Named Inventor	BOTSTEIN, et al.
		Group/Art Unit	1646
		Examiner Name	KEMMERER, Elizabeth
Total Number of Pages in This Submission		Attorney Docket Number	GNE-2730-P1C13

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Version With Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request – 1 month <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Copy of Notice	<input type="checkbox"/> Copy of Assignment <input type="checkbox"/> Amendment Under 37 CFR §1.48(b) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, by Assignee to Exclusion of Inventor Under 37 C.F.R. §3.71 With Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> APPEAL COMMUNICATION TO GROUP (APPEAL NOTICE, BRIEF, REPLY BRIEF) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please Identify Below): <input checked="" type="checkbox"/> EVIDENCE APPENDIX ITEMS 1-10
Remarks		

AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 07-1700 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. GNE-2730-P1C13.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	GOODWIN PROCTER LLP 135 Commonwealth Drive, Menlo Park, California 94025	JAMES A. FOX (Reg. No. 38,455) Telephone: (650) 752-3100 Facsimile: (650) 853-1038
Signature		
Date	APRIL 14, 2008	Customer Number: 77845

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BY: ARLETTE MALHAS

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FEE TRANSMITTAL for FY 2008

Effective 10/01/2003. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$) 630.00

Complete if Known

Application Number	09/992,643
Filing Date	November 14, 2001
First Named Inventor	BOTSTEIN, et al.
Examiner Name	KEMMERER, Elizabeth
Art Unit	1646
Attorney Docket No.	GNE-2730-P1C13

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number	07-1700
Deposit Account Name	GOODWIN PROCTER LLP

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
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 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEES CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 810	2001 405	Utility filing fee			
1002 360	2002 180	Design filing fee			
1003 570	2003 285	Plant filing fee			
1004 810	2004 405	Reissue filing fee			
1005 210	2005 105	Provisional filing fee			
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	=
Multiple Dependent	- 3** =	X	=

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 210	2201 105	Independent claims in excess of 3
1203 370	2203 185	Multiple dependent claim, if not paid
1204 210	2204 105	** Reissue independent claims over original patent
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

**or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			
1053 130	1053 130	Non-English specification			
1812 2,520	1812 2,520	For filing a request for ex parte reexamination			
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action			
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action			
1251 120	2251 60	Extension for reply within first month			
1252 460	2252 230	Extension for reply within second month			
1253 1,050	2253 525	Extension for reply within third month			
1254 1,640	2254 820	Extension for reply within fourth month			
1255 2,230	2255 1,115	Extension for reply within fifth month			
1401 510	2401 255	Notice of Appeal			
1402 510	2402 255	Filing a brief in support of an appeal			
1403 1,030	2403 515	Request for oral hearing			
1451 1,510	1451 1,510	Petition to institute a public use proceeding			
1452 510	2452 255	Petition to revive - unavoidable			
1453 1,540	2453 770	Petition to revive - unintentional			
1501 1,440	2501 720	Utility issue fee (or reissue)			
1502 820	2502 410	Design issue fee			
1503 1,130	2503 565	Plant issue fee			
1460 130	1460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 180	1806 180	Submission of Information Disclosure Stmt			
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			
1809 810	2809 405	Filing a submission after final rejection (37 CFR 1.129(a))			
1810 810	2810 405	For each additional invention to be examined (37 CFR 1.129(b))			
1801 810	2801 405	Request for Continued Examination (RCE)			
1802 900	1802 900	Request for expedited examination of a design application			
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$)					
630.00					

(Complete if applicable)

Name (Print/Type)	JAMES A. FOX, Ph.D.	Registration No. (Attorney/Agent)	38,455	Telephone (650) 752-3100
Signature		Date	APRIL 14, 2008	

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